| tandard Form No. 1034—Revised Form prescribed by Comptroller General, U. 8. Approved For Release 2012/06/10: CIA-RDF64-00360R0000 (Gen. Reg. No. 51, Supp. No. 11) (Amended February 20, 1982)  Cost Reimbursable (Department, bureau, or establishment) |                                |   |   |                               |           |               | -            | PAID BY                      |                                |         |  |
|--|--------------------------------|---|---|-------------------------------|-----------|---------------|--------------|------------------------------|--------------------------------|---------|--|
| Toucher treat  | ared at                        |   |   |                               |           |               | -            |                              |                                | -4      |  |
| Voucher prepared at(Give place and date)   |                                |   |   |                               |           |               | SA           | SAPC 5348                    |                                |         |  |
| THE UNITED STATES, Dr., Payee's Account No. 901  |                                |   |   |                               | CC        | COPY , OF 3   |              |                              |                                |         |  |
| o  |                                | (Pa)                                    | vee)  |                               |           |               | -            |                              |                                |         |  |
| •  |                                | , |   |                               |           |               | <u>.</u> L_  | <del></del>                  |                                |         |  |
|  | (Ad                            | dress)                                  | (City)  | (St                           | ate)      |               | *****        | PRICE                        | AMOUN                          |         |  |
| lo. and Date of<br>Order   | Date of Delivery<br>or Service | /F-t Jesestation its                    | 'ICLES OR SERVICES<br>m number of contract<br>her information deeme | or Federal su<br>d necessary) | pply      | QUANTITY      | Cost         | Per                          | Dollars                        | Cts.    |  |
|  |                                |   |   |                               |           | ·             |              |                              |                                |         |  |
|  |                                | Costs                                   |   |                               |           |               |              |                              | 9,313                          | 170     |  |
| ٠  | ·                              |   |   |                               |           |               |              |                              |                                |         |  |
|  |                                |   |   |                               |           |               |              |                              |                                |         |  |
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| YMENT:   |                                |   |   |                               |           |               |              |                              |                                |         |  |
| Complete   |                                |   |   |                               |           | -             |              |                              |                                |         |  |
| Partial  | * .                            | 77                                      | inuation sheet(s) if nece   | 000 717                       |           |               |              |                              |                                |         |  |
|  | ·                              | <u> </u>                                |   | Government B                  | /L. No.   | <u> ' : ,</u> |              | Total                        | 9,313                          | 77      |  |
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| STATI  | NIL _                          | (Sign original only)                    |   |                               |           |               | . <b></b>    |                              |                                |         |  |
| ,  |                                |   |   |                               |           |               |              |                              |                                |         |  |
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|  |                                |   |   |                               |           | ature or in   |              | M                            |                                |         |  |
| Contract No.   | ALOL                           | O Date                                  | Req. No.  |                               | =[        | Date          | Ť            | Invoice Rec                  | d.                             |         |  |
| Pursuant to authority vested in me, I certify that this account is correct and proper for payment.   |                                |   |   |                               |           |               | L            | 4/2/-                        |                                |         |  |
| t  |                                |   |   |                               |           |               |              | tifuing Officers             |                                |         |  |
| Approved/for. \$   |                                | Yh y                                    | SIGN  | •                             |           | i .*          |              |                              | TATINT                         | L       |  |
| 3v   |                                |   | B ORIGINAL ONLY   | Title                         |           |               |              |                              |                                |         |  |
| CONI   | RACILNG OF                     | STA                                     | TINITI  | Date                          |           | ·             |              |                              |                                |         |  |
| Title  |                                | THIS FORM MUST BE EXECUTED W            |   |                               | URED WITH | OUT WRITTEN   | AGREEMENT    | IN ANY FORM                  |                                |         |  |
|  |                                |   |   |                               |           |               |              |                              |                                |         |  |
|  | ACCO                           | UNTING CLASSIFICATION                   | 1 (Appropriation Symi   | ool must be sh                | nown; ot  | her classific | ation optic  | onal)                        |                                |         |  |
| AIINIL   | -                              |   | 1   |                               |           |               |              |                              |                                |         |  |
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| APPROV   | ING OFFICE                     | er v                                    |   |                               |           |               |              |                              |                                |         |  |
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|  |                                |   |   |                               |           |               |              |                              |                                |         |  |
| ( Check  | No                             | dated                                   | , 19,   | for \$                        |           |               | on favo      | reasurer or<br>or of payee i | the United Sta<br>named above. | atto II |  |

Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090098-2